

PURCHASE ORDER CITY GOVERNMENT OF PASIG

Agency Name

							
Supplier	pplier: NATIONAL PRINTING OFFICE ddress: EDSA corner National Printing Road, Diliman, Quezon City			P.0	P.O. No. : 23-07-0462 Date : 07/27/2023		
Address				Da			
				Mo	ode of Procurement: GOVEF	RNMENT TO GOVERNMENT	
Gentlemen		rnish this off	ice the following articles subject	to the terms and condition	s contained herein:		
		entral Supply		Pelivery Term : 30 Calendar D			
Date of De	епvery :		the L	Payment Term: within 45 days upon completion of delivery			
ITEM NO.	UNIT	QTY	DESCRIPTION		UNIT	AMOUNT	
the first part is a major at the proof of the second district			s – correspondina Parchase Reduest No./s.		9. P.R. NO/8 -		
1	PAD	2 riguo	Municipal Form No. 103-A Certificate of Fetal Death Rev. Jan	240.00 Pate - date	480.00		
2	PAD	ny, if not	Municipal Form No. 103 Certificate of Death Rev. 2016		etaCleasi9 240.00	9,600.00	
3	PAD	20				4,800.00	
		bisg ed Ilsels Certificate of Live Birth Rev. 2016 per bolleg beliosgs - mol				,	
4	воок	he Supply 10	Hospital Form No. 5	em number of the goods to Division	# 525.00 has 525.00	5,250.00	
	200.		Depart of Admission			, 5,255.55	
			Purchase Order shall cover all the	items found in the Request fo	12. Quantity - C		
			Quotation, Terms of Reference/ To Bulletin/s, if any	echnical Specification, and Bio		1' 0'00'	
			herebro	otal amount of the goods o	t transparent a sea		
		cial of the	**************************************			BY:	
			pproved by the Local Chief Execu	olier's representative.	ngue bna 09	IG 0 4 2023	
		1	oplier/contractor of his duly auth		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11:00 47	
			to the terms and conditions of		STACK NOTHER	ing Division	
			reconstitutions beat california	red in three (3) copies dist	maken and Illeda dT . Q		
		nodu VQ	of goods and attachment to the				
		and haddle	d Property Division for their file d appropriate action, to be subtr				
		SVII DSDII		con nation for review and days from perfection of	1		
Purchas	e of Various F	orms (Live Birth,	Death Cert) for the use of Medical Record	ls Department PCCH-Child's Hope	e. for the use of Pasia City Ch	ildren's Hospital	
		ate the	ary to the Sanggunian shall Indic ch the local Sangguniang approv		C in case of negot		
		an na	on the local sangguinang approx t in the certified correct portion.				
Control N	o. 4706				GRAND TOTAL:	Php 20,130.00	
Total Am	ount in W	ords Twenty	Thousand One Hundred Thirty Pe	sos Only.	Dr. rnat any all dis		
			the full delivery within the time spec		enth (1/10) of one (1) perc	ent	
for every	day of delay	y shall be impo	osed as provided for by the, 2016 IRF				
	III entitle	/ /M	taxes in full and on time and la				
	RE mort earn	IOM			Very truly yours,		
Conform	e :beqme/	DIHEC			ICTOR MA REGIS	N. SOTTO	
	e Order no.	n." (Executiv	h the lax payment made thereon	birk and duly validated wit	(Authorized Offi	icial)	
	(Signatu	re over printed	name of Supplier)		City Mayor		
		D 91	vy				
		D	ate				
				Λ			
				A_{Δ}			
Requisiti	oning Offic	e/Dept. :	Funds	Available:		16 1212 20	
	\ -	hand		July	Amount: 🎙 _ 4	w, 150.00	
JOSEI IT	O T. MORE	ETE. MD MIN	MHOA, DPBA,FPSA	JUVY A. CUENCO	OBR No. : 100	-2023 - 05	
JOLLII		horized Offici		Chief Accountant	62	55 - 4431	
			y v			Page -	